

**Report from the meeting of Strategic Patient Engagement, Experience and Equality Committee**

Item 18i

**Governing Body meeting**

**6 September 2018**

<b>Author(s)</b>	Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
<b>Sponsor Director</b>	Mark Gamsu, SPEEEC Chair Nicki Doherty, Director of Delivery Care Out Of Hospital
<b>Purpose of Paper</b>	
The unadopted minutes summarise the key points arising from the CCG's Strategic Patient Engagement, Experience and Equality Committee meeting on 3 July 2018.	
<b>Key Issues</b>	
The key points for Governing Body are highlighted in 'recommendations' below.	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting.	
<b>Recommendations / Action Required by Governing Body</b>	
<p>The Governing Body is asked to note:</p> <ul style="list-style-type: none"> <li>• The committee had considered and commented on the draft Volunteering Policy and recommended its approval to the Governance Sub-committee (in August), subject to a few minor proposed amendments.</li> <li>• The committee and noted an update on further work that had been undertaken as a result of feedback from the urgent care consultation. They had noted the positive discussions that had taken place at a workshop with the Public Reference Group (PRG), which had been set up to help the CCG work through the process. They noted that a general communication update needed to be sent out to members of the public.</li> <li>• The committee had received an update on requirements of the Equality Act Equality and how the organisation was meeting its equality duty, the process for developing new / revised equality objectives for the organisation, supported by the Local Authority, and had noted a training requirement for members of decision making committees within the CCG.</li> </ul> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Receive the un-adopted minutes from the meeting on 3 July 2018.</li> </ul>	

<b>Governing Body Assurance Framework</b>
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <p>1. To improve patient experience and access to care</p> <p>1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.</p>
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
None.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<p><b><i>Please attach if completed. Please explain if not, why not</i></b></p> <p>Not applicable.</p>
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
Two public representatives are part of the committee, alongside two Governing Body lay members. All discussions relate to assuring the Governing Body that appropriate public engagement, experience and equality work has been undertaken.

**Unadopted Minutes of the Meeting of the Strategic Patient Engagement, Experience and Equality Committee held on 3 July 2018 in the PCS Meeting Room, Darnall Primary Care Centre, Sheffield S9**

- Present:** Professor Mark Gamsu, Lay Member (Chair)  
 Ms Nicki Doherty, Director of Delivery - Care Outside of Hospital  
 Ms Lucy Ettridge, Deputy Director - Communications, Engagement and Equality  
 Ms Amanda Forrest, Lay Member  
 Mr David Foster, Public Representative  
 Mr Richard Kennedy, Engagement Manager  
 Mrs Helen Mulholland, Engagement Manager  
 Ms Mandy Philbin, Chief Nurse  
 Mr Simon Richards, Head of Practice Development, Sheffield City Council
- In attendance:** Mrs Kate Gleave, Deputy Director of Commissioning (for item 59/18)  
 Mrs Carol Henderson, Committee Secretary / PA to Director of Finance

**54/18 Welcome, Introduction and Apologies**

The Chair welcomed members to the meeting. He particularly welcomed Ms Lucy Ettridge, CCG Deputy Director of Communications, Engagement and Equality to her first formal meeting of the committee.

Apologies had been received from Ms Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield, Ms Eleni Chambers, Public Representative, Dr Terry Hudson, GP Clinical Lead with responsibility for Engagement, Equality and Diversity, Ms Margaret Kilner, Chief Officer, Healthwatch Sheffield, and Ms Sarah Neil, Quality Manager, Patient Experience.

The Chair declared the meeting was quorate.

**ACTION**

**55/18 Declarations of Interest**

The Chair reminded members of their obligation to declare any interest they may have on matters arising at SPEEEC meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Strategic Patient Engagement,

Experience and Equality Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:

<http://www.shefieldccg.nhs.uk/about-us/declarations-of-interest.htm>

Mr Foster, Public Representative, declared a conflict of interest in item 6 (paper C): Volunteering Policy, as he was a volunteer within the context of the SPEEEC meetings. The Chair agreed that Mr Foster could participate in the discussion as the committee was not making a decision on this item.

Ms Forrest, Lay Member, declared a conflict of interest in item 5 (oral update): Urgent Care Consultation Update, as she chaired the CCG's Urgent Care Programme Board. The Chair agreed that Ms Forrest could participate in the discussion as the committee was not making a decision on this item

Members discussed when it would be appropriate for Mr Richards, Head of Practice Development, Sheffield City Council (SCC), to declare a conflict of interest in an agenda item. They agreed that if the committee was being asked to make a decision that included agreeing any financial payments to SCC then that could be an area where he would be asked not to participate in the decision making.

#### **56/18 Minutes of the meeting held on 22 May 2018**

The minutes of the meeting held on 22 May 2018 were agreed as a correct record, subject to the following amendments:

##### **a) Minutes of the Meeting Held on 17 April 2018 (minute 43/18 refers)**

Final sentence to read as follows:

Parveen Ali, who is replacing Sarah **Salway** on the committee, arrived and was introduced to the group.

##### **b) Urgent Care Workshop (minute 52/18 refers)**

First sentence to read as follows:

The Chief Officer of Healthwatch **Sheffield** queried whether the change in format for the urgent care workshop (from **four or five** to one session) should have been brought back to SPEEEC for assurance, as **she** was concerned it could adversely affect people's ability to participate.

#### **57/18 Matters Arising**

There were no matters arising that were not on the agenda.

Members discussed the difference between those items that were marked up as actioned and those that were marked up as complete, and it was clarified that those that were marked up as actioned could mean that it

was in the state or process of being actioned but was not necessarily complete, for example, the SPEEEC's Term of Reference (ToR) had been revised and sent to Governing Body for approval. However, the next meeting of the Governing Body was not due to take place until 5 July which meant the action would not be complete until the ToR were approved by Governing Body on that date.

## **Engagement**

### **58/18 Policy for Involving Volunteers in our Work**

Mrs Mulholland, Engagement Manager, presented this draft policy and procedure which set out how the CCG involved volunteers in line with its values and behaviours to ensure staff could recruit, train, support and acknowledge the contribution of volunteers appropriately. She explained that this policy related to those people that gave their time, skills and energy to the organisation on an ongoing basis, and now incorporated the CCG's Expenses Policy. She advised that focus groups had been held with staff and volunteers, including work undertaken with Voluntary Action Sheffield (VAS) to ensure the policy would meet the city-wide volunteering standard, and discussions had taken place with staff through the CCG relating to corporate governance, health and safety, and human resources. She asked members to confirm if they thought the tone of the policy and the approach that was being proposed was about right, and if so, she requested that they recommend it to the Governance Sub-committee for approval at its next meeting in August, for implementation from September. She also advised that she had requested clarification with regard to the number of volunteers the CCG currently had and was suggesting that staff had access to peer support within the organisation.

Members discussed the draft policy and agreed that there needed to be a consistent approach to implementation, as there should be a level of uniformity. It was noted that the CCG could not require other organisations to apply this policy, however the CCG will consider how to promote this with partners..

The Director of Delivery – Care Outside of Hospital commented that it was important that we trained our staff and recognised the opportunities that volunteers brought to the organisation, and we needed to work with our Programme Management Office (PMO) with regard to embedding this. In terms of employee volunteering, when that policy was ready for presentation to the committee, she suggested that the SPEEEC take an active part in its implementation, recognising its relationship to engagement.

The Deputy Director - Communications, Engagement and Equality welcomed that staff and the public had been engaged in development of the policy but felt that the responsibilities of budget holders for example with regard to payment of expenses – needed to be clarified.

The Chair asked if a distinction between the different types of volunteers could be made clearer in the policy (ie one off ad hoc volunteering and people giving their time and bringing their skills to come to meetings with officers of the organisation, longer term volunteering, employee volunteering, and also what volunteering means for the CCG. He also commented that he would expect to see an action plan coming out of the policy, which would include an understanding of the current level and scale of volunteering, with an update presented to the SPEEEC on a six-monthly basis.

The Strategic Patient Engagement, Experience and Equality Committee:

- Was assured that the policy provided an appropriate framework for supporting both staff and volunteers.
- Was assured that the tone and approach was in line with the committee's aspirations for engagement.
- Recommended to the Governance Sub-committee that this policy should be adopted, subject to the amendments made as noted above.

## **59/18 Update on Urgent Care Consultation**

Mrs Kate Gleave, Deputy Director of Commissioning, was in attendance for this item. She gave an oral update and drew members' attention to the key issues.

A number of workshops had been held to consider the issues raised in the consultation, and the alternative approaches suggested. A Public Reference Group (PRG) had been set up to help the CCG work through this process. Its members had been recruited from PPGs (one per neighbourhood), equality hubs, Healthwatch Sheffield, diverse communities, student unions, and Sheffield Save Our NHS. Healthwatch Sheffield had offered their help to the CCG to discuss the approach for the workshop that was held on 11 June. Three topics had been discussed at the workshop and the CCG was now in the process of finalising the analysis of the feedback which would be sent out soon.

### **1. What people considered to be 'reasonable' travel times to get to urgent care services, and how they defined 'central'**

Participants had considered that a 10 to 15-minute car journey to somewhere local, and up to a 30-minute journey for somewhere not local, would be acceptable. For those using public transport, they would be prepared to have a longer journey than that if it meant they only had to take either one bus or tram. They had also agreed that 'Central' meant easy to access, as opposed to located in the centre of the city.

### **2. Views on some of the alternative approaches suggested in the consultation feedback**

Participants had mixed views on the alternative approaches suggested during consultation. They felt that multiple services might not be affordable, and there continued to be concerns about losing services in the south of the city, suggesting that other areas be considered, for example in the east.

### **3. The criteria that was used to assess potential options and identify the three that were taken to consultation**

When discussing the criteria, the three areas they considered most important were reducing inequalities, simplifying access to urgent care services, and services being accessible and easy to use, .

She advised members that, as the travel times discussion had taken longer than anticipated, it had shortened the time for rest of the workshop, however, people had found it informative and were keen to stay involved. Next steps would include confirming other areas to work on with the group and to maintain their involvement in the process.

Members questioned how this was being communicated and understood especially as it appears people were confused with regard to what the CCG was offering. They also questioned whether the CCG was clear about the terms it was using for example 'south and east of the city'. The Deputy Director of Commissioning explained that this referred to the actual geographical locations of south and east, as on the map, and that the team was trying to look more at the geographical aspects and did have breakdowns of feedback both from specific postcodes and geographical areas.

Mr Foster, Public Representative, commented that it had been an excellent workshop and that he had detected a cultural shift, in that at no time in the workshop had there been mention of the Northern General Hospital (NGH), although there had been a strong public reaction at the beginning of the consultation that it was all about relocating services to the NGH. He also questioned how the agenda for the workshop had been structured as it was, and how members of the PRG had been recruited.

The Deputy Director of Commissioning advised members of the timescales, processes and next steps and reported that more work needed to be undertaken on the feedback received from discussions that had taken place over the past few months before further steps could be taken. Recommendations for approval to the CCG's Primary Care Commissioning Committee (PCCC) had been postponed until this further work had been undertaken, which it was hoped to do in either October or November.

The Deputy Director of Commissioning advised members that advice had been sought from the Consultation Institute in relation to what further consultation could be required, depending on the direction of travel we decided on. She reported that they had advised that we are right to be considering if we missed anything when originally developing options and to make sure we have properly considered the alternative suggestions from the feedback. She also confirmed that if any approach other than the original options proposed is decided upon, this would require another consultation.

The Deputy Director of Commissioning advised that the CCG's Urgent Care Programme Board was considering all the issues raised from the original consultation and the workshops, that the CG's urgent care team had already looked at activity going to the current services, and would be re-analysing this focussing on where people lived and where they were going to, and the different times of the day people were accessing services, as there was a need to look at it as a flow through the system. They would also be reviewing estates plans and were continuing work with neighbourhoods.

A feedback report would be prepared from the workshop, which would be shared with the attendees, and she would be attending a meeting of the Overview and Scrutiny Committee (OSC) on 11 July which would be both to report on the consultation feedback and to present a proposed timetable for their response.

**KG/SN**

The Director of Delivery – Care Outside of Hospital suggested that any information that could be gathered in terms of experience would be helpful as we absolutely had to demonstrate that we had listened to that experience and made a difference. She suggested that a discussion take place with the CCG's Patient Experience Manager as to how best to capture patient experience in primary care.

The Director of Delivery – Care Outside of Hospital suggested that it would be helpful if a discussion could take place at the next meeting of the City-wide Strategic Estates Group on 13 August to look at the level of estate across the city, and to gain a clear understanding as to what estate there was, this would not include any consideration of actions going forward. She explained that this group included representatives from all the Sheffield NHS organisations, the Local Authority, Community Health Partnership, and primary care.

**ND**

Mr Foster, Public Representative, advised members that at the reference group consultation on 11 June 2018 he and the CCG Chair, Dr Tim Moorhead, had discussed the statement in the original consultation document relating to how Urgent Care services currently operated, and his view was that it did not happen that way. The Deputy Director of Commissioning responded that she would discuss this with him outside of the meeting.

**DF/KG**

Members agreed that there was a need to communicate where we were in the process, which the Deputy Director of Communications, Engagement and Equality would discuss with the Deputy Director of Commissioning outside of the meeting.

**LE/KG**

The Strategic Patient Engagement, Experience and Equality Committee noted the update.

## Equality

### 60/18 Equality Duties / Objectives

Mr Richard Kennedy, Engagement Manager, tabled a presentation that outlined the Public Sector Equality Duty, gave a reminder of the nine protected characteristics and how they affected health inequalities, why it was relevant to the CCG, the CCG's current equality objectives, and developing new equality objectives to meet Equality Delivery System 2. He advised members that equality and diversity was a new element of the Engagement Managers' role, and that they are therefore being supported by partner organisations and mentored to better understand the equality duties agenda. He suggested that it would be helpful for the committee to consider how the equality duties affected health inequalities, and he advised that research showed that people of all the different protected characteristics had difficulties in accessing services.

The Engagement Manager explained that the Equality Act 2010 required an organisation to have a minimum of one quality objective. Slide seven set out the organisation's two current objectives which, he advised, had recently been updated. He reported that, whilst the current objectives were appropriate, as an organisation we would benefit in the future from undertaking more work to make these objectives more meaningful and to base them on real feedback which would allow us to assess, prioritise and focus our work.

The Engagement Manager drew members' attention to an amendment to slide 8 that set out the requirements of Equality Delivery system 2, in that there would be 18 outcomes divided into four groups (not into 18 outcomes, as currently stated). He also advised members that he would be establishing a group to assess how the organisation was performing against the equality delivery stem and that, once that assessment was complete and evidence had been collected, it would show where our gaps were and what we needed to prioritise. Further, a piece of work was being undertaken in relation to variations across Yorkshire and the Humber about how they prioritise Equality Act responsibilities. Once that piece of work was complete we would start to engage with stakeholders and set objectives for how we could really make a difference. He reported that these objectives would be presented to the committee for approval.

**RK/HM**

The Engagement Manager explained that, with regard to specific dedicated resource to deliver this piece of work, as noted above it was now a part of his and Ms Mulholland's Engagement Manager roles and they were also hoping to be able to recruit a part time engagement officer. Members concerns about the amount of small dedicated resource to this agenda were noted. The Director of Delivery – Care Outside of Hospital suggested that options that are being considered to address these resource constraints include developing further shared work with the local authority and our partner organisations. The intention is to come back to the September SPEEEC meeting with objectives and a plan that set out a realistic plan of action.

**LE/ND**

The Deputy Director of Communications, Engagement and Equality welcomed the approach to the development of the objectives but commented that a pragmatic discussion needed to take place as to whether the two month timescale was doable or if it should be extended past September or the proposal modified to meet the deadline.

The Director of Delivery – Care Outside of Hospital commented that it was an important agenda and was pleased to see it moving forward as there had been a bit of a gap due to capacity within the team, but that we had developed links to the Local Authority. She also commented that the committee needed to receive an update at its next meeting to provide assurance on the work being undertaken to ensure compliance with the mandated Accessible Information Standard. The CCG's Equality Group also needed to be re-established, and the CCG's decision making committees needed to be provided with equality training as there were some weaknesses. With regard to the latter, she advised members that a discussion would be taking place with the CCG's Senior Management Team (SMT) later in the day with regard to decision making and where business cases and proposals should be presented to, and she was keen to see our Programme Management Office (PMO) included in that.

The Head of Practice Development, Sheffield City Council, commented that it important not to set new objectives without considering what the current objectives are. He also asked what the measurable outcomes were and how we had performed against them, with regard to understanding the current state of play first. He advised that he would be happy to be involved in testing out assumptions against what was provided in reality.

LE/SH

Finally, the Chair reminded members that whilst the SPEEEC focused on equality as is defined in the Equality Act the CCG as a whole had a broader duty set out in the NHS Constitution to provide fair access to all and that the Governing body had priorities with regard to addressing inequality. He suggested that feedback to Governing Body included that the committee wanted the organisation to provide a training programme to its decision making committee members, how we have met the equality objectives, where they were considered, and what evidence was received to support it.

The Strategic Patient Engagement, Experience and Equality Committee received and noted the update.

## **61/18 Any Other Business**

### **a) Faith Sector Event**

Ms Forrest, Lay Member, advised members that she had recently attended a faith sector event held at Sheffield Cathedral. She reported that they had produced a report on the work they do and their contribution to civil life. She commented that the CCG needed to think about how it worked with the faith sector.

## **b) Healthwatch Sheffield Annual General Meeting (AGM)**

Ms Forrest, Lay Member, advised members that she had attended Healthwatch Sheffield's Annual General Meeting (AGM) the previous week. She advised that they had published their annual report, which she encouraged members to read and also made a short film about how they engage with people, which she suggested could be played at the beginning of the CCG's next Governing Body meeting being held in public in September.

## **c) NHS Sheffield CCG Annual Public Meeting (APM)**

Ms Forrest, Lay Member, advised members that the CCG's Annual Public Meeting (APM) would be taking place on the afternoon of 12 July at St Mary's Conference Centre. The Deputy Director - Communications, Engagement and Equality was asked to circulate a copy of the agenda to members, along with a copy of the CCG's engagement action plan. Members also suggested that the SPEEEC consider the role of the committee in future APMs at a future meeting of the SPEEEC.

LE/HM

## **62/18 Key Points for Governing Body**

- The committee had considered and commented on the draft Volunteering Policy and recommended its approval to the Governance Sub-committee, subject to a few minor proposed amendments.
- The committee and noted an update on further work that had been undertaken as a result of feedback from the urgent care consultation. They had noted the positive discussions that had taken place at a workshop with the Public Reference Group (PRG), which had been set up to help the CCG work through the process. They noted that a general communication update needed to be sent out to members of the public.
- The committee had received an update on requirements of the Equality Act Equality and how the organisation was meeting its equality duty, the process for developing new / revised equality objectives for the organisation, supported by the Local Authority, and had noted a training requirement for members of decision making committees within the CCG.

## **63/18 Date and Time of Next Meeting**

The next meeting will take place on Tuesday 14 August 2018 - 9:30 am – 11:30 am, 722 Prince of Wales Road.

Apologies for the meeting were received from Nicki Doherty and Helen Mulholland.

The Chair asked if a note could be circulated to members asking for their confirmation of attendance or apologies for the August meeting.

KS